

		<u>+</u>]~ ·						PT0		
	UT	ILITY		Attorney Do	cket No.		35.C13284	(%) S		
	PATENT APPLICATION TRANSMITTAL M POnly for new nonprovisional applications under 37 CFR 1.53(b))				First Named Inventor or Application Identifier			12°C		
					MASAMICHI ITO			100 100		
					Express Mail Label No.			<u>,5</u>		
	APPLICAT	ION ELEME	NTS t application conten		RESS TO	Box Patent	ommissioner for l Application , DC 20231	Patents		
;	Fee Transmittal Form (Submit an original, a)	nd a duplicate fo	or fee processing)	6.	Microfiche	Computer Progra	m (Appendix)	-		
	2. X Specification	Total Pa	ges 42		otide and/or licable, all ne	Amino Acid Seque	ence Submission			
	3. X Drawing(s) (35 USC)			Computer Readab Paper Copy (identi	• •	convl				
	4. X Oath or Declaration	or Declaration Total Pages 1				Statement verifyir	•	• •		
	a. Newly executed (original or copy)				ACCOMPANYING APPLICATION PARTS					
ini ini		b. X Unexecuted for information purposes c. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]				8. Assignment Papers (cover sheet & document(s))				
	(for continua					73(b) Statement re is an assignee)	Power	of Attorney	,	
Sant Sun Sun	Sig inv				10. English Translation Document (if applicable)					
	5. Incorporation By Refere					n Disclosure (IDS)/PTO-1449	Copies Citatio	s of IDS ons		
######################################	The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			ered 12.	12. Preliminary Amendment					
				13. X	13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
n Start Start Co.				14.	Small Entir	·	Statement file	•		
3.5				15.		(s) Status copy of Priority Do priority is claimed		sired		
				16.)				_	
									<u>-</u>	
	17. If a CONTINUING APPLICA	ATION, check er	poropriete hox and	supply the requi	ly the requisite information:					
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite info						of prior application	n No/			
	18. CORRESPONDENCE ADDRESS									
X Customer Number or Bar Code Label (Insert Customer No. or Atta					le label here)	or Corre	espondence addres	s below		
	NAME									
	Address								_	
	City .	<u> </u>	State			Zip Code				
	Country		Telephone		<u>-</u>	Fax			_	

+, , , ,





CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIO
	TOTAL CLAIMS (37 CFR 1.18(c))	12-20 =	0	X \$ 18.00 =	\$0
	INDEPENDENT CLAIMS (37 cfr 1.16(b))	3-3 =	0	X \$ 78.00 =	\$0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$260.00		\$260.00 =	\$0	
				BASIC FEE (37 CFR 1.16(a))	\$760.00
			Total of al	bove Calculations =	\$760.00
	Reduction by 50	% for filing by small en	tity (Note 37 CFR 1.9,	1.27, 1.28).	О
				TOTAL =	\$760.00
b.	A small e	ntity statement is enclo ntity statement was file d desired.		sional application and	d such status is st
с.	A small e proper an Is no long	ntity statement was file d desired. er claimed.	ed in the prior nonprovis		
с.	A small e proper an Is no long A check in the am	ntity statement was file d desired.	ed in the prior nonprovis	iling fee is enclosed.	
c. 20. 2 21. 2 22. Th	A small e proper an Is no long A check in the am	ntity statement was filed desired. er claimed. ount of \$ 760.00	ed in the prior nonprovis to cover the f _ to cover the recordal	iling fee is enclosed. fee is enclosed.	
c. 20. 2 21. 2 22. Th	A small e proper an Is no long A check in the am A check in the am A check in the am Commissioner is heret count No. 06-1205:	ntity statement was filed desired. er claimed. ount of \$ 760.00	to cover the force to cover the force to cover the recordal overpayments or charge	iling fee is enclosed. fee is enclosed.	
20. 21. The Act	A small e proper an Is no long A check in the am A check in the am A check in the am Count No. 06-1205: X Fees required.	ntity statement was filed desired. er claimed. count of \$ 760.00 count of \$	to cover the force to cover the force to cover the recordal overpayments or charge	iling fee is enclosed. fee is enclosed.	
20. 21. 22. The Action a.	A small e proper an Is no long A check in the am A check in the am A check in the am E Commissioner is heret count No. 06-1205: X Fees required Fees requirements	ntity statement was filed desired. er claimed. fount of \$ 760.00 fount of \$ by authorized to credit of the content of th	to cover the force to cover the force to cover the recordal overpayments or charge of the cover the total coverpayments.	iling fee is enclosed. fee is enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	LEONARD P. DIANA, ESQ.				
SIGNATURE	2 D.D. 9,36				
DATE	January 28, 1999				

F502\A631742\MW